07/20/2010 16:01

Image# 10931049301

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Americas Health Insurance Plans PAC (AHIP PAC) 601 Pennsylvania Avenue NW ADDRESS (number and street) Suite 500 South Building Check if different than previously Washington DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00106740 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 06 0 1 2010 06 3 0 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Robert Borchardt Type or Print Name of Treasurer Mr. Robert Borchardt Electronically Filed by 07 20 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004)

FE6AN026

Only

A. Form/Schedule: F3XN

Transaction ID:

Please note that the PAC is aware that it may disclose payroll receipts by disclosing a single total for the reporting period along with the amount deducted per pay period for each contributor. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately, pursuant to 11 CFR 104.8(b), more accurately discloses how the receipts are collected.

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

3 / 45

Write or Type Committee Name Americas Health Insurance Plans PAC (AHIP PAC)

FEC Form 3X (Rev. 02/2003)

D D [®]D 06 0 1 2010 0.6 3 0 2010 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 125395.88 January 1 (b) Cash on Hand at 93864.70 Begining of Reporting Period 33125.77 152610.62 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 126990.47 278006.50 6(a) and 6(c) for Column B) 174765.73 23749.70 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 103240.77 103240.77 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

Schedule C and/or Schedule D)

10. Debts and Obligations owed the committee (Itemize all on

0.00

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 4 / 45

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period:

From: 0 6

D D D 1

2 0 1 0

.₀.

м м 0 6 ^D 3 0

Y Y Y Y 2 0 1 0

1. 1	Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	ner than loans) From:		
	al Committees I (use Schedule A)	24517.64	83979.57
(ii) Unitemi	zed	548.86	7874.36
(iii) TOTAL Lines 11	(add (a)(i) and (ii)	25066.50	91853.93
` '	ty Committees	0.00	0.00
(such as PA	al Committees Cs) Dutions (add Lines	7500.00	57000.00
	and (c)) (Carry e 33, page 5)	32566.50	148853.93
2. Transfers From A Party Committees	Affiliated/Other	0.00	0.00
3. All Loans Receive	ed	0.00	0.00
 Loan Repayment Offsets To Opera 	s Received	0.00	0.00
(Refunds, Rebate (Carry Totals to L	es, etc.) ine 37, page 5)	59.27	756.69
 Refunds of Contr to Federal candid Political Committe 		500.00	3000.00
Other Federal Re (Dividends, Interes)	eceipts est, etc.)	0.00	0.00
	on-Federal and Levin Funds		
(a) Non-Federal A (from Sched	Account ule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer	(add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (at 12, 13, 14, 15, 16	dd Lines 11(d), 5, 17, and 18(c))	33125.77	152610.62
). Total Federal Rec (subtract Line 18(eipts c) from Line 19)	33125.77	152610.62

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

5 / 45

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	249.70	765.73
	Expenditures(c) Total Operating Expenditures	2-10.70	700.70
	(add 21(a)(i), (a)(ii) and (b))	249.70	765.73
22.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Committees Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	23500.00	166500.00
24.	Independent Expenditure	0.00	0.00
25.	(use Schedule E)		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:		0.00
(a	(a) Individuals/Persons Other Than Political Committees	0.00	5000.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	5000.00
9.	Other Disbursements	0.00	2500.00
80.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(i) redetal State		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))		0.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	23749.70	174765.73
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	20742.72	171705 50
	from Line 31)	23749.70	174765.73

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 6 / 45

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Total Contributions (other than loans) from Line 11(d), page 3)	32566.50	148853.93
	Total Contribution Refunds (from Line 28(d))	0.00	5000.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	32566.50	143853.93
	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	249.70	765.73
	Offsets to Operating Expenditures (from Line 15, page 3)	59.27	756.69
	Net Operating Expenditures (subtract Line 37 from Line 36)	190.43	9.04

FE6AN026

commercial purposes, other than using to the ME OF COMMITTEE (In Full) Inericas Health Insurance Plans PA I Name (Last, First, Middle Initial) I Name (Last, Fi	renue N.W.	Date of Receipt Date of Receipt Transaction ID: 20100616133527-1 Amount of Each Receipt this Period
I Name (Last, First, Middle Initial) ry Bacher illing Address 601 Pennsylvania Av Suite 500, South Buil y ashington C ID number of contributing leral political committee. me of Employer rerica's Health Insurance	renue N.W. ding State Zip Code DC 20004	Transaction ID: 20100616133527-1 Amount of Each Receipt this Period
ry Bacher iling Address 601 Pennsylvania Av Suite 500, South Bui y ashington C ID number of contributing leral political committee. me of Employer herica's Health Insurance	State Zip Code DC 20004	Transaction ID: 20100616133527-1 Amount of Each Receipt this Period
Suite 500, South Buily ashington C ID number of contributing eral political committee. me of Employer nerica's Health Insurance	State Zip Code DC 20004	0 6 1 5 2 0 1 0 Transaction ID: 20100616133527-1 Amount of Each Receipt this Period
ashington C ID number of contributing leral political committee. me of Employer lerica's Health Insurance	DC 20004	Amount of Each Receipt this Period
C ID number of contributing leral political committee. me of Employer lerica's Health Insurance	C	
	Occupation	
	Senior Vice President Aggregate Year-to-Date ▼ 1500.00	
ry Bacher	NW	Date of Receipt
		06 30 2010
y	State Zip Code	Transaction ID: 20100628113629-1
ashington	DC 20004	Amount of Each Receipt this Period
	C	125.00
nerica's Healfh Insurance	Occupation Senior Vice President	
	Aggregate Year-to-Date ▼ 1500.00	
,		Date of Receipt
iling Address 601 Pennsylvania Av		0 6 1 5 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	State Zip Code	Transaction ID: 20100616133527-2
C ID number of contributing	C 20004	Amount of Each Receipt this Period 208.33
ans	Occupation Executive Vice President, Clinical A	ff
ceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.96	
FOTAL of Receipts This Page (optional)		458.33
	ceipt For: Primary General Other (specify) ▼ Il Name (Last, First, Middle Initial) Iry Bacher ailing Address 601 Pennsylvania Av Suite 500, South Buil Y ashington C ID number of contributing deral political committee. Ime of Employer nerica's Health Insurance ans Inceipt For: Primary General Other (specify) ▼ Il Name (Last, First, Middle Initial) Irmella Bocchino Interest and South Buil Y ashington C ID number of contributing Interest and South Buil Y ashington C ID number of contributing Interest and South Buil Y ashington C ID number of contributing Interest Alealth Insurance Interest Alealth I	ans ceipt For:

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 45 (check only one) X 11a 11b 11c 12 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	name and ad	dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Carmella Bocchino Mailing Address 601 Pennsylvania Ave Suite 500, South Build City	ing State	Zip Code	Date of Receipt M M D D D Y Y Y Y Y Y Y
	Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 208.33
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		e Vice President, Clinical Aff e Year-to-Date 2499.96	_
Б.	Full Name (Last, First, Middle Initial) Christopher Booth Mailing Address 165 Court Street			Date of Receipt 0 6 1 4 2 0 1 0
	City	State	Zip Code	Transaction ID: 251AF4B1E9437BA34E
	Rochester FEC ID number of contributing federal political committee.	C	14647-0001	Amount of Each Receipt this Period 1667.00
	Name of Employer The Lifetime Healthcare Companies Receipt For: Primary General Other (specify) ▼	Occupation EVP and Aggregate		
с. С.	Full Name (Last, First, Middle Initial) Robert Borchardt Mailing Address 601 Pennsylvania Ave	L NIM		Date of Receipt
	Suite 500, South Build			06 15 2010
	City Washington	State DC	Zip Code 20004	Transaction ID: 20100616133527-3 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance Plans Receipt For: Primary General	. '	ice President Finance & Oper e Year-to-Date ▼	at
Г	Other (specify) ▼		500.04	
	SUBTOTAL of Receipts This Page (optional)		>	1917.00
	TOTAL This Period (last page this line number	only)	>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	he name and addre	ot be sold or used by any persess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Robert Borchardt Mailing Address 601 Pennsylvania Av Suite 500, South Bui City	lding State	Zip Code	Date of Receipt 0 6 3 0 2 0 1 0 Transaction ID: 20100628113629-3
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		e President Finance & Ope ear-to-Date ▼ 500.04	erat
Full Name (Last, First, Middle Initial) Dianne Bricker Mailing Address 601 Pennsylvania Av Suite 500, South Bui			Date of Receipt 0 6 1 5 2 0 1 0
City	State DC	Zip Code	Transaction ID: 20100616133527-4
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Regional D Aggregate Y	virector ear-to-Date ▼ 500.04	
Full Name (Last, First, Middle Initial) Dianne Bricker			Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Bui	lding		06 30 / 2010
City <u>Washington</u>	State DC	Zip Code 20004	Transaction ID: 20100628113629-4 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Regional D Aggregate Y	ear-to-Date ▼ 500.04	
SUBTOTAL of Receipts This Page (optional)			125.01

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) Americas Health Insurance Plans Page 1988 1988 1988 1988 1988 1988 1988 198	d Statements may not be sold or used by any personal he name and address of any political committee to AC (AHIP PAC)	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Winthrop Cashdollar Mailing Address 601 Pennsylvania Avaite 500, South Buil City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		Date of Receipt M
Full Name (Last, First, Middle Initial) Winthrop Cashdollar Mailing Address 601 Pennsylvania Av South Building, Suite City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		Date of Receipt M M D D Z R Z D D
Full Name (Last, First, Middle Initial) Winthrop Cashdollar Mailing Address 601 Pennsylvania Av Suite 500, South Buil City Washington FEC ID number of contributing federal political committee. Name of Employer America's Healfh Insurance Plans Receipt For: Primary General Other (specify)		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 20100628113629-7 Amount of Each Receipt this Period 62.50
SUBTOTAL of Receipts This Page (optional)		2125.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	Americas Health Insurance Plans PAC	(AHIP PAC	0)	
۹.	Full Name (Last, First, Middle Initial) Yvonne Chanatry			Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			06 15 2010
	City <u>Washington</u>	State DC	Zip Code 20004	Transaction ID: 20100616133527-8 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		n sident, Marketing and Graph Year-to-Date ▼ 999.96	ics
- 3.	Full Name (Last, First, Middle Initial) Yvonne Chanatry	0 0	0 0 0 0 0 0 0	Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			06 30 7 2010
	City Washington	State DC	Zip Code 20004	Transaction ID: 20100628113629-8 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20004	83.33
	Name of Employer America's Health Insurance Plans	Occupation Vice Pre	n sident, Marketing and Graphi	ics
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 999.96	
- :.	Full Name (Last, First, Middle Initial) Gregory Dean			Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			0 6 1 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Washington	State DC	Zip Code 20004	Transaction ID: 20100616133527-11
	FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 62.50
	Name of Employer America's Health Insurance Plans	Occupation Executive	n e Director Insurance Educatio	on
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
	SUBTOTAL of Receipts This Page (optional)			229.16
t	TOTAL This Period (last page this line number			

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Α ο	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	C (AHIP PAC)	
	Full Name (Last, First, Middle Initial) Gregory Dean			Date of Receipt
-"	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20100628113629-11
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		62.50
	Name of Employer America's Health Insurance Plans	Occupation Executive	n e Director Insurance Educati	on
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	750.00	
_	Full Name (Last, First, Middle Initial) Jill Dowell			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build	06 15 2010		
	City	State	Zip Code	Transaction ID: 20100616133527-14
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		104.00
	Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident, Federal Affairs	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1248.00	
_	Full Name (Last, First, Middle Initial) Jill Dowell			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			06 30 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20100628113629-14
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		104.00
	Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident, Federal Affairs	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		1248.00	
Γ	SUBTOTAL of Receipts This Page (optional)	<u> </u>		270.50

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for	e separate schedule(s) each category of the tailed Summary Page	FOR LINE NUMBER: PAGE 13 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA		e sold or used by any persof any political committee to	
<u>∠</u> A .	Full Name (Last, First, Middle Initial) Zeke Duda Mailing Address 23 Old Westfall Dr City Rochester FEC ID number of contributing federal political committee.		ip Code 4625-1045	Date of Receipt 0 6 1 4 2 0 1 0 Transaction ID: 87C1C918504FAB8B3C Amount of Each Receipt this Period 1667.00
	Name of Employer Lifetime Healthcare Compa- nies Receipt For: Primary General Other (specify) ▼	Occupation Senior Executi Aggregate Year-	ve VP and CFO to-Date ▼ 1667.00	
В.	Full Name (Last, First, Middle Initial) Michael Dudley Mailing Address 4417 Corporation Lar City Virginia Beach FEC ID number of contributing federal political committee.	State Z	ip Code 23462-3162	Date of Receipt M M M / D D / Y Y Y Y Y 0 6 1 6 2 0 1 0 Transaction ID: 943F442F257DB39D8A Amount of Each Receipt this Period 2000.00
	Name of Employer Sentara Health Plans, Inc. Receipt For: Primary Other (specify) ▼	Occupation President Aggregate Year-	to-Date ▼ 2000.00	
_ C.	Full Name (Last, First, Middle Initial) Katie Dunning Mailing Address 601 Pennsylvania Avo	onue NIW		Date of Receipt
	Suite 500, South Build City Washington FEC ID number of contributing	State Z DC 2	ip Code 20004	0 6 1 5 2 0 1 0 Transaction ID: 20100616133527-15 Amount of Each Receipt this Period
	federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	Occupation Regional Direct Aggregate Year-		41.67
	SUBTOTAL of Receipts This Page (optional)			3708.67

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 45 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans I		· ·	
Full Name (Last, First, Middle Initial) Katie Dunning			Date of Receipt
Mailing Address 601 Pennsylvania A			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State DC	Zip Code 20004	Transaction ID: 20100628113629-15 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupation Regional		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.03	
Full Name (Last, First, Middle Initial) Jeffrey Gabardi			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South B			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Washington</u>	State DC	Zip Code 20004	Transaction ID: 20100616133527-16 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer America's Health Insurance Plans	Occupation Senior Vi	ce President, State Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Jeffrey Gabardi			Date of Receipt
Mailing Address 601 Pennsylvania A	Avenue N.W. uilding		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Washington</u>	State DC	Zip Code 20004	Transaction ID: 20100628113629-16 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer America's Health Insurance Plans		ce President, State Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00	
SUBTOTAL of Receipts This Page (options	.		291.67

	CHEDULE A (FEC Form 3X FEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A 0	ny information copied from such Reports and for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F	the name and ad	Idress of any political committee to	on for the purpose of soliciting contributions
	Full Name (Last, First, Middle Initial) Leanne Gassaway Mailing Address 601 Pennsylvania A Suite 500, South Bu			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Washington	State DC	Zip Code	Transaction ID: 20100616133527-17
	FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 27.08
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		on I Director e Year-to-Date ▼	
3.	Full Name (Last, First, Middle Initial) Leanne Gassaway Mailing Address 601 Pennsylvania A			Date of Receipt 0 6 3 0 2 0 1 0
	Suite 500, South Bu	ıllaing State	Zip Code	Transaction ID: 20100628113629-17
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		27.08
	Name of Employer America's Health Insurance Plans		l Director	
	Receipt For: Primary General Other (specify) ▼	Aggregati	e Year-to-Date ▼ 324.96	
_	Full Name (Last, First, Middle Initial) Edward Griese			Date of Receipt
	Mailing Address 555 College Rd. E			0 6 1 4 2 0 1 0
	City	State	Zip Code	Transaction ID: C3FDB89D28D1E6180
	Princeton	NJ	08540-6616	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		2000.00
	Name of Employer Munich Re America Healthc-	Occupation Presider		
	are Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify)	03 3 5 5	2000.00	
Γ	SUBTOTAL of Receipts This Page (optiona	<u> </u>		2054.16

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P	d Statements may not be sold or used by any person the name and address of any political committee to a	n for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Billy Hill		Date of Receipt
Mailing Address 11200 Lakeline Bou Suite 100 Mail Drop		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: A794339AA89B3309I
Austin	TX 78717-5964	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer United Teacher Associates	Occupation	1
Insurance Co	President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial) Lindy Hinman		Date of Receipt
Mailing Address 602 Pennsylvania A Suite 500, South Bu		0 6 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20100616133527-19
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance Plans	Occupation Special Assistant To President and Ce	- eo
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	
Full Name (Last, First, Middle Initial) Lindy Hinman		Date of Receipt
Mailing Address 602 Pennsylvania A Suite 500, South Bu		06 30 7 2010
City	State Zip Code	Transaction ID: 20100628113629-19
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance Plans	Occupation Special Assistant To President and Ce	e o
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	999.96	
		2166.66

TOTAL This Period (last page this line number only)

	FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17/45 (check only one)
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
_	Americas Health Insurance Plans PAC	(AHIP PAC	C)	
۹.	Full Name (Last, First, Middle Initial) Joni Hong			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build	ng	75.0.4	06 15 2010
	City Washington	State DC	Zip Code 20004	Transaction ID: 20100616133527-20 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20004	20.83
	Name of Employer America's Health Insurance Plans		ssociate Counsel, Special Pr	<u>roj</u>
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 249.96	
- 3.	Full Name (Last, First, Middle Initial) Joni Hong			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			06 30 2010
	City Washington	State DC	Zip Code 20004	Transaction ID: 20100628113629-20 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.83
	Name of Employer America's Health Insurance Plans	Occupatio Senior A	n ssociate Counsel, Special Pi	roj
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 249.96	
_).	Full Name (Last, First, Middle Initial) Donna Horoschak			Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Building, Suite 5		est	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: 9177D3A4701D93E971
	FEC ID number of contributing federal political committee.	C	20004-2001	Amount of Each Receipt this Period 4000.00
	Name of Employer America's Health Insurance Plans	. '	ice President, Product Policy	<u>,</u>
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 4000.00	
	SUBTOTAL of Receipts This Page (optional)		_	4041.66

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 45 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F	the name and add	lress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Alethia Jackson			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South B	uilding	7'- 0-1-	0 6 1 5 2 0 1 0
City Washington	State DC	Zip Code 20004	Transaction ID: 20100616133527-21 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer America's Health Insurance Plans	Occupation Vice Pres	ident, Federal Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	
Full Name (Last, First, Middle Initial) Alethia Jackson			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Br			06 30 7 2010
City	State	Zip Code	Transaction ID: 20100628113629-21
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n ident, Federal Affairs	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		999.96	
Full Name (Last, First, Middle Initial) Scott Keefer			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Br			06 15 2010
City	State	Zip Code	Transaction ID: 20100616133527-22
Washington FEC ID number of contributing	C	20004	Amount of Each Receipt this Period 41.67
federal political committee.			
Name of Employer America's Health Insurance Plans		ral Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04	
SUBTOTAL of Receipts This Page (optional	<u> </u>		208.33

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 45 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	g the name and addre	ot be sold or used by any perso ss of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Scott Keefer Mailing Address 601 Pennsylvania			Date of Receipt
Suite 500, South B City Washington FEC ID number of contributing federal political committee.	State DC	Zip Code 20004	0 6 3 0 2 0 1 0
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation VP, Federa Aggregate Yo	Il Affairs ear-to-Date ▼ 500.04]
Full Name (Last, First, Middle Initial) Barbara Lardy Mailing Address 601 Pennsylvania Suite 500, South B City Washington		Zip Code 20004	Date of Receipt M M
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		e President, Clinical Affair ear-to-Date ▼ 500.04	41.67
Full Name (Last, First, Middle Initial) Barbara Lardy Mailing Address 601 Pennsylvania Suite 500, South B	uilding State	Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		e President, Clinical Affair ear-to-Date ▼ 500.04	
SUBTOTAL of Receipts This Page (option	al)		125.01

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 45 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAG	e name and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Larry Larson Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Plans Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	
Full Name (Last, First, Middle Initial) Larry Larson Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee.		Date of Receipt M M 7 D 7 Y Y Y Y Y Y Y Y Y
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Director, Operations and Claims Aggregate Year-to-Date 500.04	
Full Name (Last, First, Middle Initial) Jeff Lemieux Mailing Address 601 Pennsylvania Ave Suite 500, South Build	ling	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington FEC ID number of contributing federal political committee.	State Zip Code DC 20004	Transaction ID: 20100616133527-25 Amount of Each Receipt this Period 125.00
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Svp, Center for Health Policy & Rese Aggregate Year-to-Date ▼ 1500.00	ar
SUBTOTAL of Receipts This Page (optional) .		208.34

Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans Full Name (Last, First, Middle Initial) Jeff Lemieux Mailing Address Go1 Pennsylvania A Suite 500, South Bucting federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Beth Leonard Mailing Address Go1 Pennsylvania A Suite 500, South Bucting Address Go1 Pennsylvania A Suite 500, South Bucting Address Gity Washington	venue N.W.	Date of Receipt Date of Receipt
A. Full Name (Last, First, Middle Initial) Jeff Lemieux Mailing Address 601 Pennsylvania A Suite 500, South Bu City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Beth Leonard Mailing Address 601 Pennsylvania A Suite 500, South Bu City	Avenue N.W. uilding State Zip Code DC 20004	M M M J B D J P Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 601 Pennsylvania A Suite 500, South Bu City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Beth Leonard Mailing Address 601 Pennsylvania A Suite 500, South Bu City	State Zip Code DC 20004	M M M J B D J P Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Suite 500, South Bu City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Beth Leonard Mailing Address 601 Pennsylvania A Suite 500, South Bu City	State Zip Code DC 20004	0 6 3 0 2 0 1 0 Transaction ID: 20100628113629-25 Amount of Each Receipt this Period
Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Beth Leonard Mailing Address 601 Pennsylvania A Suite 500, South Bu	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Beth Leonard Mailing Address 601 Pennsylvania A Suite 500, South Bu	C	
Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Beth Leonard Mailing Address 601 Pennsylvania A Suite 500, South Bu City	Occupation	125.00
Beth Leonard Mailing Address 601 Pennsylvania A Suite 500, South Bu City	Svp, Center for Health Policy & Resear Aggregate Year-to-Date ▼ 1500.00	<u>-</u>
Suite 500, South Bu		Date of Receipt
•		0 6 1 5 2 0 1 0
wasnington	State Zip Code	Transaction ID: 20100616133527-26
FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Director Public Affairs	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	
Full Name (Last, First, Middle Initial) Beth Leonard		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu		06 30 7 2010
City Washington	State Zip Code DC 20004	Transaction ID: 20100628113629-26
FEC ID number of contributing federal political committee.	C 20004	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Director Public Affairs	
Receipt For: Primary General Other (specify) ▼		
SUBTOTAL of Receipts This Page (optiona	Aggregate Year-to-Date ▼ 500.04	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 45 (check only one) X
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Holly Macmoran Mailing Address 601 Pennsylvania	Avenue N.W.		Date of Receipt
Suite 500, South E City Washington		Zip Code 20004	0 6
FEC ID number of contributing federal political committee.	C		20.83
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Program Aggregate		
Full Name (Last, First, Middle Initial) Holly Macmoran Mailing Address 601 Pennsylvania Suite 500, South E			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20100628113629-28
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Program Aggregate		
Full Name (Last, First, Middle Initial) Thomas Meyers			Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South E			0 6 1 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20100616133527-33
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 20.00
Name of Employer America's Health Insurance Plans Receipt For:		e Director Product Policy	
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (option	nal)		61.66

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(for each category of the Detailed Summary Page	(cricer only one)
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any g the name and address of any political commi	r person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
Americas Health Insurance Plans	PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Thomas Meyers		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South E		06 30 7 2010
City <u>Washington</u>	State Zip Code DC 20004	Transaction ID: 20100628113629-33 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer America's Health Insurance Plans	Occupation Executive Director Product Police	ey
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	0
Full Name (Last, First, Middle Initial) Julie Miller		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South E		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20100616133527-3
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance	Occupation	
<u>Plans</u>	Senior Associate Counsel	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.04	4
Full Name (Last, First, Middle Initial) Julie Miller	1	Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South E		06 / 30 / 4 4 4 4
City	State Zip Code	Transaction ID: 20100628113629-3
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Associate Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.04	4
		103.34

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 45 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Martin Mitchell, Jr.			Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B	Building		06 15 2010
City <u>Washington</u>	State DC	Zip Code 20004	Transaction ID: 20100616133527-37 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.83
Name of Employer America's Health Insurance Plans		Product Policy	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.96	
Full Name (Last, First, Middle Initial) Martin Mitchell, Jr.			Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: 20100628113629-37
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans		Product Policy	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.96	
Full Name (Last, First, Middle Initial) Betsy Pelovitz	I		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B			0 6 1 5 2 0 1 0
City Washington	State DC	Zip Code 20004	Transaction ID: 20100616133527-38
FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans		sident Product Policy	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	
SUBTOTAL of Receipts This Page (option	al)		124.99

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 45 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	name and address of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Betsy Pelovitz Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		Date of Receipt M M M D D D 20100628113629-38 Transaction ID: 20100628113629-38 Amount of Each Receipt this Period 83.33
Full Name (Last, First, Middle Initial) Susan Pisano Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 20100616133527-39 Amount of Each Receipt this Period 130.47
Full Name (Last, First, Middle Initial) Susan Pisano Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		344.27

ITEM	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for c	ormation copied from such Reports and St ommercial purposes, other than using the ME OF COMMITTEE (In Full) ericas Health Insurance Plans PAC	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
/ Full	Name (Last, First, Middle Initial)		,	Date of Receipt
_	ing Address 601 Pennsylvania Aven Suite 500, South Buildin			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	•	State	Zip Code	Transaction ID: 20100616133527-40
<u>Wa</u>	shington	DC	20004	Amount of Each Receipt this Period
	CID number of contributing aral political committee.	C		41.67
Nam Ame Plar	ne of Employer erica's Health Insurance ns	Occupation Director	n	
Rec	eipt For: Primary ☐ General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04	
	Name (Last, First, Middle Initial) rence Platt			Date of Receipt
Mail	ing Address 601 Pennsylvania Aven Suite 500, South Buildii			0 6 3 0 / Y Y Y Y Y
City		State	Zip Code	Transaction ID: 20100628113629-40
<u>Wa</u>	shington	DC	20004	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	C		41.67
Nam Ame Plar	ne of Employer erica's Health Insurance ns	Occupation Director	n	
Rec	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04	
	Name (Last, First, Middle Initial) nard Ramsay			Date of Receipt
Mail	ing Address 601 Pennsylvania Aven Suite 500, South Buildi			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Wa</u>	shington	State DC	Zip Code 20004	Transaction ID: 20100616133527-41 Amount of Each Receipt this Period
	CID number of contributing eral political committee.	C		83.33
Nam Ame Plar	ne of Employer erica's Health Insurance s	Occupation Vice Pres	n sident, State Advocacy	
	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	
SUBT	OTAL of Receipts This Page (optional)			166.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 45 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans 6	the name and add	lress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Richard Ramsay Mailing Address 601 Pennsylvania			Date of Receipt
Suite 500, South Bi City Washington FEC ID number of contributing	uilding State DC	Zip Code 20004	0 6 3 0 2 0 1 0
Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify)	Occupation Vice Pres	n sident, State Advocacy Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Ingrid Reeves Mailing Address 601 Pennsylvania A Suite 500, South B		Zip Code	Date of Receipt M M
Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General	- ' '	20004 n sident, Membership Year-to-Date ▼ 249.96	Amount of Each Receipt this Period 20.83
Full Name (Last, First, Middle Initial) Ingrid Reeves Mailing Address 601 Pennsylvania A Suite 500, South B		2-70.00	Date of Receipt 0 6 3 0 2 0 1 0
City Washington FEC ID number of contributing federal political committee.	State DC	Zip Code 20004	Transaction ID: 20100628113629-43 Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		n sident, Membership Year-to-Date ▼ 249.96	
SUBTOTAL of Receipts This Page (options	al)		124.99

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	Check only one
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	<u>-</u>		
Full Name (Last, First, Middle Initial) Bob Rehm			Date of Receipt
Mailing Address 601 Pennsylvania			
City <u>Washington</u>	State DC	Zip Code 20004	Transaction ID: 20100616133527-44 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		31.25
Name of Employer America's Health Insurance Plans Receipt For: Primary General		sident, Public Health & Clinic Year-to-Date ▼	
Other (specify) ▼ Full Name (Last, First, Middle Initial)	0 0	375.00	
. Bob Rehm Mailing Address 601 Pennsylvania Suite 500, South E			Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y
City Washington	State DC	Zip Code 20004	Transaction ID: 20100628113629-44 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		31.25
Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident, Public Health & Clinic	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Sue Rohan			Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South E			06 15 7 2010
City <u>Washington</u>	State DC	Zip Code 20004	Transaction ID: 20100616133527-45 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans Receipt For:		n sident, Federal Programs Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	500.04	
SUBTOTAL of Receipts This Page (option	nal)		104.17

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 45 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F	the name and add	dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Sue Rohan Mailing Address 601 Pennsylvania A			Date of Receipt
Suite 500, South Branch Street Suite 500, South Branch	State DC	Zip Code 20004	0 6 3 0 2 0 1 0 Transaction ID: 20100628113629-45 Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	' -	n sident, Federal Programs Year-to-Date ▼ 500.04	
Full Name (Last, First, Middle Initial) Lisa Shreve Mailing Address 601 Pennsylvania A Suite 500, South Bi City Washington		Zip Code 20004	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary ☐ General Other (specify) ▼		n ce President, Professional P Year-to-Date ▼ 500.04	41.67 r
Full Name (Last, First, Middle Initial) Lisa Shreve Mailing Address 601 Pennsylvania A Suite 500, South B			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Washington FEC ID number of contributing federal political committee.	State DC	Zip Code 20004	Transaction ID: 20100628113629-46 Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		ce President, Professional P Year-to-Date V	r
SUBTOTAL of Receipts This Page (optional	al)	······	125.01

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAGE	C (AHIP PAC)				
Full Name (Last, First, Middle Initial) Stephen Sloan					
Mailing Address 35 Thomas Grv		0 6 1 4 2 0 1 0			
City Pittsford	State Zip Code NY 14534-3073	Transaction ID: 86C795A01F0B005BD			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1667.00			
Name of Employer The Lifetime Healthcare Companies	Occupation SVP and General Counsel				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1667.00				
Full Name (Last, First, Middle Initial) Charles Stellar	1	Date of Receipt			
Mailing Address 601 Pennsylvania Ave Suite 500, South Build		0 6 1 5 2 0 1 0			
City	State Zip Code	Transaction ID: 20100616133527-47			
Washington	DC 20004	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	153.85			
Name of Employer America's Health Insurance Plans	Occupation Executive V.P.				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1846.20				
Full Name (Last, First, Middle Initial) Charles Stellar	<u>I</u>	Date of Receipt			
Mailing Address 601 Pennsylvania Ave Suite 500, South Build		06 30 7 2010			
City Washington	State Zip Code DC 20004	Transaction ID: 20100628113629-47			
FEC ID number of contributing federal political committee.	C 20004	Amount of Each Receipt this Period			
Name of Employer America's Health Insurance Plans	Occupation Executive V.P.	1			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	1846.20				
SUBTOTAL of Receipts This Page (optional) .	>	1974.70			
TOTAL This Period (last page this line number	<u> </u>				

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 45 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Americas Health Insurance Plans	PAC (AHIP PAC	5)	
Full Name (Last, First, Middle Initial) Scott Styles			Date of Receipt
Mailing Address 601 Pennsylvania S Building, Suite 5	0 6 1 4 2 0 1 0		
City <u>Washington</u>	State DC	Zip Code 20004-2601	Transaction ID: A7220F110267D1E6F Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2500.00
Name of Employer America's Health Insurance Plans Receipt For:		n eral Affairs Year-to-Date ▼	
Primary General Other (specify) ▼		2500.00	
Full Name (Last, First, Middle Initial) Jessica Talbert	•		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State DC	Zip Code 20004	Transaction ID: 20100616133527-48 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		31.25
Name of Employer America's Health Insurance Plans	Occupation Deputy D	n Director, Political Affairs	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Jessica Talbert	I		Date of Receipt
Mailing Address 601 Pennsylvania			
City Washington	State DC	Zip Code 20004	Transaction ID: 20100628113629-48 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20007	31.25
Name of Employer America's Health Insurance Plans Receipt For:		n Virector, Political Affairs Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	375.00	
SUBTOTAL of Receipts This Page (option	al)		2562.50

		for each category of the Detailed Summary Page	X 11a 11b 11c 12
A sector forms at the constant forms and the December and	01-1	, ,	13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Americas Health Insurance Plans PA	AC (AHIP PAC	()	
Full Name (Last, First, Middle Initial) Michael Tuffin			Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Buil	renue N.W. Iding		06 15 2010
City	State	Zip Code	Transaction ID: 20100616133527-5
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		208.33
Name of Employer	Occupation	n	┥
America's Health Insurance Plans		e Vice President	
Receipt For:	Aggregate	e Year-to-Date ▼	7
Primary General		2499.96	1
Other (specify) ▼		2499.90	
Full Name (Last, First, Middle Initial) Michael Tuffin	·		Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Buil			06 30 7 2010
City	State	Zip Code	Transaction ID: 20100628113629-5
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		208.33
Name of Employer America's Health Insurance Plans	Occupation Executive	n e Vice President	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		2499.96	
Full Name (Last, First, Middle Initial) Mark Van Koevering			Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Buil			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20100616133527-5
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer America's Health Insurance	Occupation	n e Director	7
<u>Plans</u> Receipt For:	- 1	e Year-to-Date ▼	_
Primary General	Aggregate		1
Other (specify) ▼		750.00	
SUBTOTAL of Receipts This Page (optional)	1		479.16

TOTAL This Period (last page this line number only)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16 17
, C	Any information copied from such Reports and Sor for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC			
∠ 4 .	Full Name (Last, First, Middle Initial) Mark Van Koevering			Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			06 30 2010
	City Washington	State DC	Zip Code 20004	Transaction ID: 20100628113629-51 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		62.50
	Name of Employer America's Health Insurance Plans Receipt For: Primary General		on e Director e Year-to-Date ▼	
_	Other (specify) ▼		750.00	
3.	Full Name (Last, First, Middle Initial) Daniel Vigil	Date of Receipt		
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building			M M / D D / Y Y Y Y Y Y Y 1 D D D D D D D D D D D D
	City	State DC	Zip Code	Transaction ID: 20100616133527-52
	Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 31.25
	Name of Employer America's Health Insurance Plans	Occupation Deputy [on Director, State Publications	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 375.00	
_ ;.	Full Name (Last, First, Middle Initial) Daniel Vigil			Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Washington	State DC	Zip Code 20004	Transaction ID: 20100628113629-52
	FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 31.25
	Name of Employer America's Health Insurance Plans	Occupation Deputy [n Director, State Publications	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00	
	SUBTOTAL of Receipts This Page (optional)			125.00
	TOTAL This Period (last page this line number	only)		

A.

PAGE 34 / 45 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Date of Receipt Robert Zirkelbach Mailing Address 601 Pennsylvania Avenue N.W. 06 15 2010 Suite 500, South Building City State Zip Code Transaction ID: 20100616133527-54 Washington DC 20004 Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Name of Employer America's Health Insurance Occupation **Press Secretary** Plans Receipt For: Aggregate Year-to-Date General Primary 500.04 Other (specify) Full Name (Last, First, Middle Initial) В. Robert Zirkelbach Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 0 6 30 2010 Suite 500, South Building City Transaction ID: 20100628113629-54 State Zip Code Washington DC 20004 Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Name of Employer America's Health Insurance Occupation Press Secretary Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 500.04

SUBTOTAL of Receipts This Page (optional)	•	83.34
TOTAL This Period (last page this line number only)	•	24517.64

Other (specify)

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 45 (check only one) 11a 11b X 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	n for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	C (AHIP PAC	;)	
Α.	Full Name (Last, First, Middle Initial) American Enterprise Mutual Holding Company F	'ac		Date of Receipt
	Mailing Address 601 6th Avenue	06 16 2010		
	City	State	Zip Code	Transaction ID: DF2DBFB5B5A66470969
	Des Moines	IA	50334	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00	0367524	5000.00
	Name of Employer	Occupatio	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	
В.	Full Name (Last, First, Middle Initial) Highmark Health Pac of Highmark Inc.			Date of Receipt
	Mailing Address 1800 Center Street			0 6 2 4 2 0 1 0
	City	State	Zip Code	Transaction ID: 726DE9673E7F0D98D56
	Camp Hill	PA	17089	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00	0302844	2500.00
	Name of Employer	Occupatio	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	•	7500.00
TOTAL This Period (last page this line number only)	•	7500.00

				1 B.O.			
S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 36 / 45			
	ITEMIZED RECEIPTS		for each category of the	(check only one)			
	II LIVIIZED ILLULIF I 3		Detailed Summary Page	11a 11b 11c 12			
1				13 14 X 15 16 17			
	Any information copied from such Reports and S or for commercial purposes, other than using the	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to s					
	NAME OF COMMITTEE (In Full)						
	Americas Health Insurance Plans PAC	C (AHIP PAC	C)				
Α.	Full Name (Last, First, Middle Initial) Citibank			Date of Receipt			
	Mailing Address 1101 Pennsylvania Av 11th Floor		0 6 0 4 2 0 1 0				
	City	State	Zip Code	Transaction ID: A8FC12849627150E4D4			
	Washington	DC	20004	Amount of Each Receipt this Period			
	FEC ID number of contributing						
	federal political committee.	C		35.27			
	Name of Employer	Occupatio	n	Reimburse Merchant Service			
	Name of Employer	Occupatio	111	Fees			
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General	Aggregate					
	Other (specify) ▼		756.69				
				_			
В.	Full Name (Last, First, Middle Initial) Citibank	•		Date of Receipt			
	Mailing Address 1101 Pennsylvania Av	e. NW		M M / D D / Y Y Y Y			
	11th Floor			06 04 2010			
	City	State	Zip Code	Transaction ID: 0232AF8365EA814E32F			
	Washington	DC	20004	Amount of Each Receipt this Period			
	FEC ID number of contributing			24.00			
	federal political committee.	C		24.00			
	Name of Employer	Occupatio	n —	Reimburse Wire Transfer			
	realite of Employer	Occupatio	11	Fees			
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General	Aggregate		7			
	Other (specify) ▼		756.69				
				I			

SUBTOTAL of Receipts This Page (optional)	•	59.27
TOTAL This Period (last page this line number only)	•	59.27

A.

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedul for each category of the Detailed Summary Pa	ne (check only one)
		ny person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F	PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Richard Burr Committee; the Mailing Address Post Office Box 592 City	28 State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Winston-Salem FEC ID number of contributing federal political committee.	NC 27113	Amount of Each Receipt this Period 500.00
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 500.	Partial Refund of Contribution 2010

SUBTOTAL of Receipts This Page (optional)	<u> </u>	500.00
TOTAL This Period (last page this line number only)		500.00

S	CHEDULE B (FEC Form 3X) Use sepa	rate schedule(s)	FOR LINE NUMBER: (check only one)				PAGE 38 / 45						
IT	EMIZED DISBURSEMENTS	for each o	category of the Summary Page	×	_	<u> </u>	22 28a		23 28b	24 28c		25 29	\mathbf{H}	26 30b
	y Information copied from such Reports and for commercial purposes, other than using the												;	
\	NAME OF COMMITTEE (In Full)	ie name and addres	ss of arry political c	JOHIII	illee lo s	SUIICII	COIIL	ibutic	113 110111	Sucirio	,011111	IIIICC		
\rangle	Americas Health Insurance Plans PA	AC (AHIP PAC)												
	Full Name (Last, First, Middle Initial) Bank of America								n ID: bursem		518F	9218	BDA8	361
	Mailing Address 730 15th Street, N' Second Floor	W					0 ^M 6	M /	14	/ Y	ž	0 Ĭ 0	Y	
	City Washington	State DC	Zip Code 20005				Amou	unt of	Each Di	sburse	-		-	t
	Purpose of Disbursement Wire Transfer Fee			00	_		L.				•	12.00		_
	Candidate Name	iah waamant Fari		Cate	gory/ pe									
	Office Sought: House D Senate President	isbursement For: Primary Other (spe	General cify) ▼											
	State: District:													
	Full Name (Last, First, Middle Initial) Bank of America								n ID: bursem	ent	282E	388A	CA0	75I
	Mailing Address 730 15th Street, N' Second Floor	W					0 ^M 6	M /	^D 2 9	/ Y	ž	0 Ť 0	Y	
	City Washington	State DC	Zip Code 20005				Amou	unt of	Each Di	sburse	-		-	t
	Purpose of Disbursement Wire Transfer Fee			00								12.00		_
	Candidate Name			Cate	gory/ pe									
	Office Sought: House Senate President	isbursement For: Primary Other (spe	General											
	State: District:		•											
	Full Name (Last, First, Middle Initial) Citibank				Date	of Dis	n ID: bursem	ent				5C/		
	Mailing Address 1101 Pennsylvania	Ave, NW					0 ^M 6	M /	03	/ Y	ž	0 Ĭ 0	Y	
	City Washington	State DC	Zip Code 20004				Amou	unt of	Each Di	sburse	-			t
	Purpose of Disbursement Merchant Service Fees			Q(_		<u></u> .				19	93.96		_
	Candidate Name			Cate Ty	gory/ pe									
	Senate President	isbursement For: Primary Other (spe	General cify) ▼											
	State: District:													
S	UBTOTAL of Disbursements This Page (op	tional)			•						21	7.96		٦

Image# 10931049339

State:

District:

S	CHEDULE B (FEC Form 3X)	Use separate schedule(s)	Use separate schedule(s) FOR LIN						PAGE 39 / 45				
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X	eck onl 21b 27	y one) 22 28	2 [23 28b		24 28c	25 29	_	26 30b	
	y Information copied from such Reports and Stat for commercial purposes, other than using the na												
\rangle	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A	HIP PAC)											
	Full Name (Last, First, Middle Initial) Citibank				Da		tion IC Disburs	_	_			 983EA0	
	Mailing Address 1101 Pennsylvania Ave	, NW				6	Ľ	10		ž 0 ²	0		
	City Washington	State Zip Code DC 20004			An	nount	of Eac	h Dis	burser	ment thi		od	
	Purpose of Disbursement Merchant Service Fee	Г	00-	1	L					31.	74		
	Candidate Name	C	Categ Typ	•									
	Office Sought: House Disbut Senate President	sement For: Primary General Other (specify)											

SUBTOTAL of Disbursements This Page (optional)	•	31.74
TOTAL This Period (last page this line number only)	<u> </u>	249.70

TEMIZED DISPUIDS	· (Jse separate schedule			R LINE NU		•	17	AGE 40	7 43
ITEMIZED DISBURS	EIVIEN IS f	or each category of the Detailed Summary Pag		$\dot{\Box}$	21b	· -	X 23 28b	24 28c	25 29	☐ 2 3
Any Information copied from suc or for commercial purposes, other NAME OF COMMITTEE (In	r than using the name ar									
Americas Health Insurar	ice Plans PAC (AHIP	PAC)								
Full Name (Last, First, Middle Castle Campaign Fund Mailing Address PO Bo	· 						Disburse	57664 ement	-07871 ´ ž 0 ĭ	
City Wilmington	Sta DE					Amount	of Each	Disburse	ement this	Period
Wilmington Purpose of Disbursement 2010 Primary Contribution Candidate Name	DE	19099	_	011	71				1000.0	00
Michael N. Castle Office Sought: House X Senat	e X Pr	nt For: 2010 imary Generather (specify)	-	atego Type						
State: DE District: Full Name (Last, First, Middle Castle Campaign Fund Mailing Address PO Bo	e Initial)						Disburse	57664 ement	-13926 ´ ž 0 ĭ	
City Wilmington Purpose of Disbursement 2010 Primary Contribution Candidate Name	Sta DE			011		Amount	of Each	Disburse	ement this	
Michael N. Castle Office Sought: House X Senat Presic State: DE District:	e X Pr		_ -	atego Type	,					
Full Name (Last, First, Middle Citizens for Altmire	e Initial)					Date of	Disburse	D / \		
Mailing Address PO Bo		7: 0				0 6		4	2 0 1	
City Freedom	Sta PA					Amount	of Each	Disburse	ment this	
Purpose of Disbursement 2010 General Contribution Candidate Name Jason Altmire			Ca	011 atego Type					. 555.1	
Office Sought: X House Senat Presid State: PA District: 0	e Pr	nt For: 2010 rimary X Gener ther (specify) ▼	-!							
SUBTOTAL of Disbursements	This Page (entional)				•				3000.0)O

	Use separate schedule(OR LINE I heck only	NUMBER: one)		PAG	i⊨ 41 / 4	15
FEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	ΙÈ	21b 27	22 X 28a	23 28b	24 28c	25 29	
ny Information copied from such Reports and State								
NAME OF COMMITTEE (In Full)	The and address of any pointe	ai commi	1100 10 3011	Cit Coritiibu	10113 11011	3001100	minitiee	
Americas Health Insurance Plans PAC (A	HID DAC)							
Americas riealtii insurance rians i AO (A	(iiii i AO)							
Full Name (Last, First, Middle Initial)				Transact	-		5095331	072
Dan Coats for Indiana				Date of D			VVV	V
Mailing Address PO Box 301141				0 6	2.5		ž 0 1 0	
City	State Zip Code IN 46230			Amount o	of Each D	isbursem	ent this P	erio
Indianapolis Purpose of Disbursement	IIN 46230	1					2000.00	
2010 General Contribution		01	1					
Candidate Name		Cate						
Daniel R. Coats		Тур	pe					
Office Sought: House Disburs	sement For: 2010 Primary X Genera	ı						
President	Other (specify)	•						
State: IN District:								
Full Name (Last, First, Middle Initial)				Transact			9611932	2635
Earl Pomeroy for Congress				Date of D				
Mailing Address Post Office Box 9336				0 ^M 6 M	0 4) / Y	ž 0 Ĭ 0	Y
City	State Zip Code			Amount o	of Each D	isbursem	ent this P	'erio
Fargo Purpose of Disbursement	ND 58106	1					2500.00	
2010 General Contribution		01	1					
Candidate Name		Cate	gory/					
Earl Pomeroy		Тур	ре					
Office Sought: X House Disburs	sement For: 2010 Primary X Genera	ı						
President	Other (specify)	l						
State: ND District: 01								
Full Name (Last, First, Middle Initial)				Transact	-		0333673	3357
Friends of Congressman George Miller				Date of D				
Mailing Address PO Box 5864				0 ^M 6	25		ž 0 1 0	Y
City Concord	State Zip Code CA 94524			Amount o	of Each D	isbursem	ent this P	'erio
Purpose of Disbursement	<u> </u>						1000.00	
2010 General Contribution Candidate Name		01 Cata						
		Cateo Typ						
George Miller								
	sement For: 2010							
Office Sought: X House Disburs	Primary X Genera	l						
Office Sought: X House Disburs Senate President		l						
Office Sought: X House Disburs	Primary X Genera Other (specify) ▼		•				5500.00	

SCHEDIII E B (FEC Form 3Y)

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Friends of Frank Guinta Mailing Address PO Box 877 City State Zip Code Manchester NH 03105 Purpose of Disbursement 2010 Primary Contribution Candidate Name Frank Guinta Office Sought: X House Senate President State: NH District: 01 Full Name (Last, First, Middle Initial) Friends of John Barrow Mailing Address PO Box 8166 City State Zip Code NH District: 01 Full Name (Last, First, Middle Initial) Friends of John Barrow Mailing Address PO Box 8166 City State Zip Code Savannah GA 31412 Purpose of Disbursement 2010 Primary Contribution Candidate Name John Jenkins Barrow Office Sought: X House Senate President Savannah GA 31412 Purpose of Disbursement For: 2010 Savannah GA 31412 Friends of John Barrow Office Sought: X House Senate President Savannah GA 31412 Friends of John Barrow Office Sought: X House Senate President Gan Savannah GA 31412 Friends of John Barrow Office Sought: X House Senate President General President Gan Savannah GA 31412 Friends of John Barrow Office Sought: X House Senate President General Presiden	SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)		NUMBER: PAGE 42 / 45
of corommercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full)		Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30
Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Friends of Frank Guinta Mailing Address PO Box 877 City Manchester NH 03105 Purpose of Disbursement 2010 Primary Combution Candidate Name President State: NH District: 01 Full Name (Last, First, Middle Initial) Friends of John Barrow Mailing Address PO Box 8166 City Savannah GA 31412 Purpose of Disbursement Category/ Type Transaction ID: 18452-21291750666 Amount of Each Disbursement this Period Category/ Type Transaction ID: 18452-21291750666 Amount of Each Disbursement this Period Transaction ID: 18452-21291750666 Category/ Type Transaction ID: 18452-21291750666 Transaction ID: 18452-212917				
Friends of Frank Guinta Malling Address PO Box 877 City State Zip Code Manchester NH 03105 Purpose of Disbursement 2010 Primary Contribution Candidate Name President State: NH District: 01 Full Name (Last, First, Middle Initial) Friends of John Barrow Malling Address PO Box 8166 City Savannah GA 31412 Purpose of Disbursement 2010 Primary Contribution City Savannah GA 31412 Purpose of Disbursement 2010 Primary Contribution Condidate Name Quart Name (Last, First, Middle Initial) Friends of John Barrow Malling Address PO Box 8166 City Savannah GA 31412 Purpose of Disbursement 2010 Primary Contribution Condidate Name Quart Name (Last, First, Middle Initial) Friends of Mark Warner Malling Address 201 North Union Street Suite 300 City Senate President State: A District: 12 Full Name (Last, First, Middle Initial) Friends of Mark Warner Malling Address 201 North Union Street Suite 300 City State Zip Code Alexandria VA 22314 President State: A District: 12 Full Name (Last, First, Middle Initial) Friends of Mark Warner Malling Address 201 North Union Street Suite 300 City State Zip Code VA 22314 Purpose of Disbursement 1011 Candidate Name Mark R. Warner Office Sought: VA 22314 Purpose of Disbursement 2014 Primary Contribution Candidate Name Mark R. Warner Office Sought: VA 22514 Purpose of Disbursement 2014 Primary Contribution Candidate Name Mark R. Warner Office Sought: VA 22514 President State: VA District: VA District VA Dis	` '	(AHIP PAC)		
City Manchester Purpose of Disbursement 2010 Primary Contribution Candidate Name Frank Guinta Office Sought: X House Senate President State: NH District: 01 Full Name (Last, First, Middle Initial) Friends of John Barrow Mailing Address PO Box 8166 City Savannah Gandidate Name John Jenkins Barrow Office Sought: X House Senate President State: GA Disbursement State: GA Disbursement State: GA Disbursement State: ON Friends of Mark Warner Mailing Address Disbursement For: 2010 X Primary General President State: Qa Disbursement Category Type Other (specify) Transaction ID: 18452-43325442075 Date of Disbursement 011 Category Date of Disbursement this Period Amount of Each Disbursement this Period Amount of Each Disbursement this Period Transaction ID: 18452-43325442075 Date of Disbursement 011 Category Type Office Sought: X House Senate President State: GA District: 12 Full Name (Last, First, Middle Initial) Friends of Mark Warner Mailing Address 201 North Union Street Suite 300 City Alexandria Purpose of Disbursement 2014 Primary Contribution Candidate Name Mark R. Warner Office Sought: X Senate President State: VA District: Disbursement For: 2014 X Primary General Disbursement Category Type Other (specify) ▼ Amount of Each Disbursement this Period Amount of Each Disb	•			
Mainchester Purpose of Disbursement 2010 Primary Contribution Candidate Name Frank Guinta Office Sought:	Mailing Address PO Box 877			06 25 2010
2010 Primary Contribution Candidate Name Frank Guinta Office Sought:		•		Amount of Each Disbursement this Period
Frank Guinta Office Sought:	2010 Primary Contribution			1000.00
Senate President State: NH District: 01 Full Name (Last, First, Middle Initial) Friends of John Barrow Mailing Address PO Box 8166 City Savannah GA 31412 Purpose of Disbursement 2010 Primary Contribution Candidate Name Jerseident State: GA District: 12 Full Name (Last, First, Middle Initial) Friends of John Barrow Office Sought: X House Senate President State: GA District: 12 Full Name (Last, First, Middle Initial) Friends of Mark Warner Mailing Address 201 North Union Street Suite 300 City State Zip Code Amount of Each Disbursement this Period Disbursement For: 2010 Senate President State: GA District: 12 Full Name (Last, First, Middle Initial) Friends of Mark Warner Mailing Address 201 North Union Street Suite 300 City State Zip Code Alexandria VA 22314 Purpose of Disbursement 2014 Primary Contribution Candidate Name Mark R. Warner Office Sought: News Senate President State: VA District: 2014 X Primary General Other (specify) Type Office Sought: News Senate President State: VA District: 2014 X Primary General Other (specify) Type Other (specify) Type Disbursement For: 2014 X Primary General Other (specify) Type Other (specify) Type				
Full Name (Last, First, Middle Initial) Friends of John Barrow Mailing Address PO Box 8166 City Savannah GA 31412 Purpose of Disbursement 2010 Primary Contribution Candidate Name John Jenkins Barrow Office Sought: Vanish Warner Mailing Address 201 North Union Street Suite 300 City Savannah GA 31412 Full Name (Last, First, Middle Initial) Friends of Mark Warner Mailing Address 201 North Union Street Suite 300 City State Zip Code VA 22314 Purpose of Disbursement Other (specify) ▼ Transaction ID: 18452-4332544207t Date of Disbursement this Period Category/ Type Transaction ID: 91466-9101983904t Date of Disbursement Date of Disbursement Mailing Address 201 North Union Street Suite 300 City Alexandria Purpose of Disbursement 2014 Primary Contribution Candidate Name Mark R. Warner Office Sought: House Name Mark R. Warner Office Sought: House Name Mark R. Warner Office Sought: President State: VA District: Disbursement For: 2014 X Primary General Other (specify) ▼ Amount of Each Disbursement this Period Amount of Each Disbursement This Period Other (specify) ▼ Amount of Each Disbursement This Period Office Sought: Name Amount of Each Disbursement This Period Office Sought: Name Amount of Each Disbursement This Period Office Sought: Name Amount of Each Disbursement This Period Office Sought: Name Office Sought: Name Amount of Each Disbursement This Period Office Sought: Name Office Sought: Name Amount of Each Disbursement This Period Office Sought: Name Office Sought: Name Amount of Each Disbursement This Period Office Sought: Name Office	Senate President	X Primary General		
Friends of John Barrow Mailing Address PO Box 8166 City Savannah GA 31412 Purpose of Disbursement 2010 Primary Contribution Candidate Name John Jenkins Barrow Office Sought: X House Senate State: GA District: 12 Full Name (Last, First, Middle Initial) Friends of Mark Warner Mailing Address 201 North Union Street Suite 300 City Alexandria VA 22314 Purpose of Disbursement 2014 Primary Contribution Candidate Name Mark R. Warner Office Sought: Y 2010 State Zip Code VA 22314 Purpose of Disbursement 2014 Primary Contribution Candidate Name Mark R. Warner Office Sought: House X Senate Y President VA 22314 Purpose of Disbursement 2014 Primary Contribution Candidate Name Mark R. Warner Office Sought: House X Senate President VA 22314 Purpose of Disbursement 2014 Primary Contribution Candidate Name Mark R. Warner Office Sought: House X Senate President VA 22314 Other (specify) ▼				Transaction ID: 18/152-//3325///2075
City State Zip Code Savannah GA 31412 Purpose of Disbursement 2010 Primary Contribution Candidate Name John Jenkins Barrow Office Sought: X House Senate President State: GA District: 12 Full Name (Last, First, Middle Initial) Friends of Mark Warner Mailing Address 201 North Union Street Suite 300 City State Zip Code Alexandria VA 22314 Purpose of Disbursement 2014 Primary Contribution Candidate Name Mark R. Warner Office Sought: Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Friends of John Barrow			Date of Disbursement
Savannah Purpose of Disbursement 2010 Primary Contribution Candidate Name John Jenkins Barrow Office Sought: X House President State: GA District: 12 Full Name (Last, First, Middle Initial) Friends of Mark Warner Mailing Address 201 North Union Street Suite 300 City Alexandria Purpose of Disbursement 2014 Primary Contribution Candidate Name Mark R. Warner Office Sought: House VA 22314 Purpose of Disbursement 2014 Primary Contribution Candidate Name Mark R. Warner Office Sought: House VX Primary VX Pr	Mailing Address PO Box 8166			06 25 2010
2010 Primary Contribution Candidate Name John Jenkins Barrow Office Sought:				
John Jenkins Barrow Office Sought:			011	1000.00
Senate President Other (specify) ▼ State: GA District: 12 Full Name (Last, First, Middle Initial) Friends of Mark Warner Mailing Address 201 North Union Street Suite 300 City State Zip Code Alexandria VA 22314 Purpose of Disbursement 2014 Primary Contribution Candidate Name Mark R. Warner Office Sought: House X Senate President State: VA District: Senate President Senate VA District: X Primary General Other (specify) ▼ Transaction ID: 91466-91019839048 Date of Disbursement Date of Disbursem				
Full Name (Last, First, Middle Initial) Friends of Mark Warner Mailing Address 201 North Union Street Suite 300 City State Zip Code Alexandria VA 22314 Purpose of Disbursement 2014 Primary Contribution Candidate Name Mark R. Warner Office Sought: House X Senate President State: VA District: Full Name (Last, First, Middle Initial) Transaction ID: 91466-91019839048 Date of Disbursement 0 6 M / 2 1 / Y 2 0 1 0 Y 2 0 1 0 Y 2 1 1 OY 2 1	Senate President	X Primary General		
City Alexandria Purpose of Disbursement 2014 Primary Contribution Candidate Name Mark R. Warner Office Sought: House X Senate President State: VA District: Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category/ Type Other (specify) Other (specify)	,			
Alexandria Purpose of Disbursement 2014 Primary Contribution Candidate Name Mark R. Warner Office Sought: House X Senate President President State: VA District: VA 22314 1000.00 2014 Category/ Type Category/ Type Other (specify) Other (specify)	Mailing Address 201 North Union Stree	et Suite 300		$\begin{bmatrix} \begin{smallmatrix} M & 6 & M \\ 0 & 6 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 2 & 1 \\ & 2 & 1 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & 2 & 0 & 1 & 0 \\ & 2 & 0 & 1 & 0 \end{bmatrix}$
2014 Primary Contribution Candidate Name Mark R. Warner Office Sought: House X Senate President State: VA District: Disbursement For: 2014 X Primary General Other (specify)				Amount of Each Disbursement this Period
Mark R. Warner Office Sought: House X Senate President State: VA District: Disbursement For: 2014 General Other (specify) ▼	2014 Primary Contribution		011	1000.00
X Senate				
2000.00	X Senate President	X Primary General		
SUBTOTAL of Disbursements This Page (optional)	State: VA District:			
	SUBTOTAL of Disbursements This Page (options	al)	<u></u>	3000.00

		CILCIOIII	-		arate schedule(s)		eck only	NUMBE one)				AGL	43 / 4	
		BURSEMEN		Detailed	category of the Summary Page	À	21b 27	22 28a		23 28b	24 28c		25 29	2 3
or for cor	mmercial purp	d from such Reports coses, other than us												
1 \		IITTEE (In Full) h Insurance Plan	s PAC (AH	IIP PAC)										
<u></u>	Name (Leet F	First, Middle Initial)	•											
	nds of Roy	. ,						Date of		sburse				
	ng Address	PO Box 50100 PO Box 50100						0 6			5 /		0 1 0	
City Sprir	ngfield			State MO	Zip Code 65805			Amou	int of	Each	Disburs	emen	t this P	eriod
	ose of Disbur Primary Con					011						20	00.00	
	didate Name D. Blunt					ateg Type								
	e Sought:	House X Senate President		ment For: Primary Other (spe	2010 General									
	e: MO	District:												
	grey for Cor	First, Middle Initial) ngress						Date of		sburse				
Mailir	ng Address	PO Box U						0 6	/	້2	5 /	2	0 1 0	
City Mari	ietta			State GA	Zip Code 30060			Amou	int of	Each	Disburs	-		-
2010	ose of Disbur Primary Con					011						10	00.00	•
	didate Name n Phillip Gir	ngrey				ateg Type	,							
	e Sought: e: GA	X House Senate President District: 11	Disburse	ment For: Primary Other (spe	2010 General ecify) V									
	Name (Last, F n S Fund	First, Middle Initial)	•							sburse		2-77;	35254	168
Mailir	ng Address	PO Box 853						0 ^M 6	M /	۵	5 /	Ý Ž	0 1 0	Y
City Edw	ardsville			State IL	Zip Code 62025			Amou	int of	Each	Disburs	emen	t this P	'erioc
2010	ose of Disbur Contribution					011		L.	_			10	00.00	_
	didate Name n S Fund					ateg Type								
Office	e Sought:	House Senate President		Primary Other (spe	2010 General									
State) :	District:	Contribu	ution										
	TAL of Diolo	ursements This Pag	e (optional)				•					400	00.00	

	IZED DIODUDACIACITA	Use separate schedule(5)	(ch	neck only	one)						.5
	IIZED DISBURSEMENTS	for each category of the Detailed Summary Page		È	21b 27	22 28a		23 28b	24 280		25 29	26 30
	ormation copied from such Reports and St ommercial purposes, other than using the											
NAI	ME OF COMMITTEE (In Full)											
Am	ericas Health Insurance Plans PAC	(AHIP PAC)										
	Name (Last, First, Middle Initial) / Granger Campaign Fund					Trans			1845	2-25	43146	0142
		ito 101					M /		5 /	Y Y	0 1 0	Υ
City For	t Worth	State Zip Code TX 76102				Amou	nt of	Each	Disburs			-
	pose of Disbursement 0 General Contribution			01	1		_			10	00.00	
	didate Name / Granger				ory/							
Offic	ce Sought: X House Disk Senate President	oursement For: 2010 Primary X General Other (specify) ▼	1	- 71-								
	e: TX District: 12 Name (Last, First, Middle Initial)								1015	0.00	44070	4550
	c for Senate					Date of	of Dis	sburse				
Mail	ling Address PO Box 8					0 ^M 6	M /	^D 2	5 /	ž	0 Ĭ 0	Y
City Wir	nnetka	State Zip Code IL 60093				Amou	nt of	Each	Disburs			
	pose of Disbursement 0 General Contribution			01	1		-			20	00.00	
	ndidate Name rk Steven Kirk			ateg Typ	ory/ e							
	X Senate President	oursement For: 2010 Primary X General Other (specify) ▼	•									
	e: IL District: Name (Last, First, Middle Initial)								1015	0.50	004.4	0070
	theson for Congress					Date of	of Dis	sburse				_
Mail	ling Address PO Box 521048 Suite A					0 ^M 6	M /	^D 2	5 /	ž	0 1 0	Y
City Sal	t Lake City	State Zip Code UT 84152				Amou	nt of	Each	Disburs	emen	t this F	eriod
	pose of Disbursement 0 General Contribution			01	1					10	00.00	
	ndidate Name Matheson			ateg Typ	ory/							
	Senate President	oursement For: 2010 Primary X General Other (specify) ▼	1	1 ·								
Stat	e: UT District: 02											
1		nal)						-		40	00.00	-

A.

В.

C.

SCHEDULE B (FEC Form 3X)					
ITEMIZED DISBURSEMENTS	for each category of the	(check only o	one) 22 💢 23	☐ 24 ☐ 25 ☐ 26	
	Detailed Summary Page	27	28a 28b	28c 29 30b	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full)	and address of any political col	minitee to soil	it contributions if	Tom such committee	
Americas Health Insurance Plans PAC (AF	IP PAC)				
<i>/</i>	,				
Full Name (Last, First, Middle Initial) Pallone for Congress			Date of Disburs		
Mailing Address PO Box 3176			06	25 2010	
•	State Zip Code NJ 07740		Amount of Each	n Disbursement this Period	
Purpose of Disbursement 2010 General Contribution		011		1000.00	
Candidate Name Frank Pallone, Jr.		Category/ Type			
Senate President	ment For: 2010 Primary X General Other (specify) ▼				
State: NJ District: 06					
Full Name (Last, First, Middle Initial) Portman for Senate Committee			Date of Disburs		
Mailing Address 8331 Little Harbor Drive			06 / 2	25 7 2010	
•	State Zip Code OH 45244		Amount of Each	n Disbursement this Period	
Purpose of Disbursement 2010 General Contribution		011		2000.00	
Candidate Name Rob Portman		Category/ Type			
Office Sought: House Disburse X Senate President State: OH District:	ment For: 2010 Primary X General Other (specify)	,,			
Full Name (Last, First, Middle Initial) Stivers for Congress			Transaction ID Date of Disburs	: 18452-7572290301323	
				2 5	
Mailing Address 4679 Winterset Drive			0 6	2010	
	State Zip Code OH 43220		Amount of Each	n Disbursement this Period	
Purpose of Disbursement 2010 General Contribution		011		1000.00	
Candidate Name Steve Stivers		Category/ Type			
Office Sought: X House Senate President State: OH District: 15	ment For: 2010 Primary X General Other (specify)				
SUBTOTAL of Disbursements This Page (optional) .				4000.00	
TOTAL This Period (last page this line number only)				23500.00	